

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$155.25 for date of service 01/31/02 and 02/07/02.
- b. The request was received on 06/21/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/31/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/31/02. The response from the insurance carrier was received in the Division on 08/12/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Per the Table of Disputed Services, the Requestor states:

“Therapy evaluation was performed plus 30 minutes of TENs instruction billed at 2 units. On 1-31-02 denied the TENs instruction on 2-07-02 only paid for 15 minutes instead of

30 minutes after getting letter from TWCC regarding eval description.”

2. Respondent: Letter dated 08/12/02

“This carrier denied the charge for CPT code 97139-TN for date of service 01/31/02 with denial code ‘G’ because no reimbursement in addition to the reimbursement made for CPT code 99213 for the same date of service was due. It is this carrier’s position that to reimburse the requester for CPT code 99213 AND CPT code 97139-TN would be to reimburse the requester TWICE for the same service.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 01/31/02 and 02/07/02.
2. The explanation of denial listed on the EOB is, “G-REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE, M-THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND PAYMENT RESEARCH AND IS IN ACCORDANCE WITH LABOR CODE 413.011(B).”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/31/02	97139-TN	\$90.00	\$0.00	G	DOP	MFG MGR (I)(C)(1)(q); MFG E/M (IV)(C)(3)(a)(i); MGR (i)(a)(8)	<p>This treatment is not considered global to the office visit. The office visit as defined by the MFG includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling a patient.</p> <p>The occupational therapist is limited to the use of CPT code 99213 for reevaluation per the MFG. Also the only global charge to the reevaluation code is, ROM measurements and muscle testing.</p> <p>The medical documentation indicates that the application of the TENs unit was performed on the DOS in dispute. The MFG lists the CPT code 97139-TN as for "TENS application for trial basis, which includes supplies and training." Therefore, reimbursement is recommended in the amount of \$90.00.</p>
02/07/02	97139-TN	\$90.00	\$24.75	M	DOP	Rule 133.307 (g) (3) (D)	<p>Rule 133.307 (g) (3) (D) places certain requirements on the provider when supplying documentation with the request for dispute resolution. The provider is to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. As the requestor, the health care provider has the burden to prove that the fees paid were not fair and reasonable. The provider has not submitted any documentation to support this; therefore, no additional reimbursement is recommended.</p>
Totals		\$180.00	\$24.75				The Requestor is entitled to reimbursement in the amount of \$90.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$90.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of March 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb